



ANNUAL STATEMENT  
For the Year Ending December 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE  
McLaren Health Plan Community

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Cheryl M. Westoby (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title	
Kathy Kendall	President	#
Kevin Tompkins	Chairman	#
Dave Mazurkiewicz	Treasurer/Secretary	#

OTHERS

Carol Solomon, CFO #

DIRECTORS OR TRUSTEES

Kathy Kendall # Kevin Tompkins #  
Dave Mazurkiewicz #

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Kathy Kendall (Printed Name) 1. President (Title)	(Signature) Dave Mazurkiewicz (Printed Name) 2. Treasurer/Secretary (Title)	(Signature) Carol Solomon (Printed Name) 3. CFO (Title)
Subscribed and sworn to before me this day of , 2013	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[ ]   
(Notary Public Signature)		

16     Exhibit of Nonadmitted Assets ..... NONE

17     Exhibit 1 - Enrollment By Product Type ..... NONE

18     Exhibit 2 - Accident and Health Premiums ..... NONE

19     Exhibit 3 - Health Care Receivables ..... NONE

20     Exhibit 4 - Claims Unpaid ..... NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not individually listed .....	X X X .....	.....	.....	.....
0399999 Total gross payables .....	X X X .....	.....	.....	.....

23     Exhibit 7 - Pt 1 - Summary Trans. With Prov ..... NONE

23     Exhibit 7 - Pt 2 - Summary Trans. With Interm ..... NONE

24     Exhibit 8 - Furniture and Equipment Owned ..... NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0999999 Total (Sum of 0399999 and 0699999) .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
0799999 Total - Life and Annuity .....					.....	.....
1499999 Total - Accident and Health .....					.....	.....
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) .....					.....	.....
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....					.....	.....
1799999 Total (Sum of 0799999 and 1499999) .....					.....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0799999 Total - General Account Authorized .....						.....	.....	.....	.....	.....	.....	.....
1499999 Total - General Account - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
2199999 Total - General Account - Certified .....						.....	.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
2999999 Total - Separate Accounts - Authorized .....						.....	.....	.....	.....	.....	.....	.....
3699999 Total - Separate Accounts - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
4399999 Total - Separate Accounts - Certified .....						.....	.....	.....	.....	.....	.....	.....
4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999) .....						.....	.....	.....	.....	.....	.....	.....
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999) ...						.....	.....	.....	.....	.....	.....	.....
4799999 Total (Sum of 2299999 and 4499999) .....						.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
0799999 Total - General Account - Life and Annuity .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
1499999 Total - General Account - Accident and Health .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
1599999 Total - General Account .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
2299999 Total - Separate Accounts .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
2399999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999) .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
2499999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999) .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....
2599999 Total (Sum of 1599999 and 2299999) .....				.....	.....	.....	.....	.....	... X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
	.....	.....

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	1  Federal ID Number	2  NAIC Com- pany Code	3  Effective Date	4  Name of Reinsurer	5  Domi- ciliary Juris- diction	6  Certified Reinsurer Rating (1 through 6)	7  Effective Date of Certified Reinsurer Rating	8  Percent Collateral Required for Full Credit (0% - 100%)	9  Reserve Credit Taken	10  Paid and Unpaid Losses Recoverable (Debit)	11  Other Debits	12  Total Recoverable from Reinsurer (Col. 9 + 10 + 11)	13  Miscellaneous Balances (Credit)	14  Net Obligation Subject to Collateral	15  Dollar Amount of Collateral Required (Col. 14 times Col. 8)	Collateral												
																16  Multiple Beneficiary Trust	17  Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			21  Trust Agreements	22  Funds Deposited by and Withheld From Reinsurers	23  Other	24  Total Collateral Provided (Col. 16 + 17 + 21+ 22 + 23)				
																		18  American Bankers Association (ABA Routing Number)	19  Letter of Credit Code	20  Letter of Credit Issuing or Confirming Bank Name								
1499999	Total - General Account - Accident and Health .....																...	X X X ..	X X X	.....	X X X .....							
1599999	Total - General Account .....																		...	X X X ..	X X X	.....	X X X .....					
2299999	Total - Separate Accounts .....																		...	X X X ..	X X X	.....	X X X .....					
2399999	Total - U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999) .....																			...	X X X ..	X X X	.....	X X X .....				
2499999	Total - Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999) .....																			...	X X X ..	X X X	.....	X X X .....				
2599999	Total (Sum of 1599999 and 2299999) .....																			...	X X X ..	X X X	.....	X X X .....				

SCHEDULE S - PART 5 (Continued)

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	4  Name of Reinsurer	25 Percent of Collateral Provided for Net Amount Recoverable from Reinsurer (Col. 24 / Col. 14)	26 Percent Credit Allowed on Net Amount Recoverable from Reinsurer (Col. 25 / Col. 8, not to exceed 100%)	27  Amount of Credit Allowed for Net Amount Recoverable from Reinsurer (Col. 14 x Col. 26)	28 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 27)
1499999	Total - General Account - Accident and Health .....			.....	.....
1599999	Total - General Account .....			.....	.....
2299999	Total - Separate Accounts .....			.....	.....
2399999	Total - U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999) .....			.....	.....
2499999	Total - Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999) .....			.....	.....
2599999	Total (Sum of 1599999 and 2299999) .....			.....	.....

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
.....	.....	.....

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....		X X X	X X X	X X X	X X X
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F) .....		X X X	X X X	X X X	X X X
19. Letters of credit (L) .....		X X X	X X X	X X X	X X X
20. Trust agreements (T) .....		X X X	X X X	X X X	X X X
21. Other (O) .....		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,998,510		2,998,510
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	144		144
6. TOTAL Assets (Line 28) .....	2,998,654		2,998,654
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....			
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....			
15. TOTAL Liabilities (Line 24) .....			
16. TOTAL Capital and Surplus (Line 33) .....	2,998,654	X X X	2,998,654
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	2,998,654		2,998,654
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4700	McLaren Hlth Grp	13789	27-1780283				McLaren Health Plan Insurance Company	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	.....	00000	38-2689603	.....	.....	.....	Lapeer Regional Medical Center Foundation .....	.. US ..	... NIA ..	Lapeer Regional Medical Center	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	38-1218516	.....	.....	.....	Mount Clemens Regional Medical Center .....	.. US ..	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	38-2578873	.....	.....	.....	Mount Clemens Regional HealthCare Foundation .....	.. US ..	... NIA ..	Mount Clemens Regional Medical Center .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	91-2141720	.....	.....	.....	McLaren Health Advantage .....	.. US ..	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	27-2204037	.....	.....	.....	McLaren Health Plan Community .....	.. US ..	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	.....	.....	.....	.....	McLaren Insurance Company LTD. ....	.. US ..	... NIA ..	McLaren HealthCare Corp .....	.....	..... 100.0	McLaren Health Care Corporation .....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	21,900,000	.....	.....	.....	.....	1,749,032	.....	.....	23,649,032	.....
.....	75-2847104 ..	ANTHELIO HEALTHCARE SOLUTIONS .....	.....	.....	.....	.....	.....	279,051	.....	.....	279,051	.....
95848 ..	38-3383640 ..	MCLAREN HEALTH PLAN .....	(21,900,000)	.....	.....	.....	.....	4,098,387	.....	.....	(17,801,613)	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	.....	6,943	.....	.....	6,943	.....
13789 ..	27-1780283 ..	MCLAREN HEALTH PLAN INS CO .....	.....	.....	.....	.....	.....	(643,234)	.....	.....	(643,234)	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	.....	(5,490,179)	.....	.....	(5,490,179)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Exlcudes transactions with CareSource Holding Company # 3683

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
1421720123600000 2012 Document Code: 360

Health Life Supplement
1421720122050000 2012 Document Code: 205

Health Property / Casualty Supplement
1421720122070000 2012 Document Code: 207

Schedule SIS
1421720124200000 2012 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
1421720123710000 2012 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
1421720123700000 2012 Document Code: 370

Medicare Part D Coverage Supplement
1421720123650000 2012 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
1421720122240000 2012 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
1421720122250000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees
1421720122260000 2012 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



14217201230600000 2012 Document Code: 306

Analysis of Annuity Operations by Lines of Business



14217201221400000 2012 Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



14217201221300000 2012 Document Code: 213

Supplemental Health Care Exhibit



14217201221600000 2012 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



14217201221700000 2012 Document Code: 217

Management's Report of Internal Control over Financial Reporting



14217201222300000 2012 Document Code: 223

**OVERFLOW PAGE FOR WRITE-INS**

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